

Birth Announcement Form

PLEASE FILL OUT FORM BELOW (LEGIBLY) OR FEEL FREE TO WRITE YOUR OWN.

Signature below states that customer agrees to all guidelines, terms and conditions.

Information submitted by: _____

Relationship to Child: _____ Daytime Phone: _____

Baby's Full Name: _____

Name of Parents: _____

City, State of Residence: _____

Date and Time of Birth: _____

Weight and Length: _____

Name of Hospital and Doctor: _____

City and State: _____

Name of Baby's Siblings: _____

First Name

Middle Initial

Last Name

First Name	Middle Initial	Last Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maternal Grandparents (Name, City, State): _____

Paternal Grandparents (Name, City, State): _____

BE SURE TO INCLUDE PAYMENT & PHOTO WITH YOUR FORMS (IF APPLICABLE)

COST: \$25 WITHOUT PHOTO UP TO 3 INCHES. \$10 FOR EACH ADDITIONAL INCH

COST: \$50 INCLUDES 1X3 PHOTO UP TO 8 INCHES. \$10 FOR EACH ADDITIONAL INCH

Publication date desired: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cash: _____ Check: _____ CC: _____ Exp. Date: _____

The Daily Progress

QUESTIONS OR NEED MORE INFO CONTACT CELEBRATIONS COORDINATOR

685 W. Rio Road (P.O. Box 9030), Charlottesville, VA 22901 (22906)

t: 434.978.7288 | f: 434.978.7204 | celebrations@dailyprogress.com